

Fill in this information to identify your case:

Debtor 1 COLIN ALFRED BOLLERS
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the EASTERN District of PA

Case number 25-10450
 (If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.
- ☐ Check if this is an amended filing

Official Form B 22C1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☒ Not married. Fill out Column A, lines 2-11.

☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>2,560</u>	\$ <u> </u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u> </u>	\$ <u> </u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u> </u>	\$ <u> </u>
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ <u> </u>	
Ordinary and necessary operating expenses	— \$ <u> </u>	
Net monthly income from a business, profession, or farm	\$ <u> </u>	\$ <u> </u>
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>1,000</u>	
Ordinary and necessary operating expenses	— \$ <u> </u>	
Net monthly income from rental or other real property	\$ <u>1,000</u>	\$ <u> </u>

Debtor 1

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 First Name Middle Name Last Name

Case number (if known)

25-10450Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

7. Interest, dividends, and royalties

\$ _____

\$ _____

8. Unemployment compensation

\$ _____

\$ _____

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓

For you _____ \$ _____

For your spouse _____ \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ _____

\$ _____

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. _____ \$ _____

\$ _____

10b. _____ \$ _____

\$ _____

10c. Total amounts from separate pages, if any.

+ \$ _____

+ \$ _____

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3560

+ \$ _____

= \$ _____

Total average
monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11. _____ \$ _____

13. Calculate the marital adjustment. Check one:

☒ You are not married. Fill in 0 in line 13d.☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. _____ \$ _____

\$ _____

13b. _____ \$ _____

\$ _____

13c. _____ + \$ _____

+ \$ _____

13d. Total _____

\$ _____

Copy here. → 13d. _____

14. Your current monthly income. Subtract line 13d from line 12.

14. \$ 3560

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → 3,560.00 15a. \$ _____

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

15b. \$ 42,720

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11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- ☒ 0. Go to line 14.
☐ 1. Go to line 12.
☐ 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ _____

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: _____

13a. Ownership or leasing costs using IRS Local Standard

13a. \$ _____

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e,
 add all amounts that are contractually due to each secured
 creditor in the 60 months after you file for bankruptcy. Then
 divide by 60.

Name of each creditor for Vehicle 1

Average monthly
payment

_____ \$ _____

Copy 13b
here →

— \$ _____

Repeat this amount
on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. 13c.

\$ _____

Copy net Vehicle 1
expense here →

\$ _____

Vehicle 2 Describe Vehicle 2: _____

13d. Ownership or leasing costs using IRS Local Standard

13d. \$ _____

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly
payment

_____ \$ _____

Copy here →

— \$ _____

Repeat this amount
on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. 13f.

\$ _____

Copy net Vehicle 2
expense here →

\$ _____

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ _____

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ _____

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Case number (if known) 25-10450**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

\$ 150.00

Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

\$ _____

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.

Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

\$ _____

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

\$ _____

20. **Education:** The total monthly amount that you pay for education that is either required:

- as a condition for your job, or
- for your physically or mentally challenged dependent child if no public education is available for similar services.

\$ _____

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.

\$ _____

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.

Payments for health insurance or health savings accounts should be listed only in line 25.

\$ _____

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.

+ \$ _____

24. **Add all of the expenses allowed under the IRS expense allowances.**

Add lines 6 through 23.

\$ _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ _____

Disability insurance \$ _____

Health savings account + \$ _____

Total \$ _____

Copy total here → \$ _____

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? \$ _____
- ☐ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

\$ _____

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ _____

By law, the court must keep the nature of these expenses confidential.

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28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. \$ _____

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ _____

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). + _____

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ _____

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
Mortgages on your home		
33a. Copy line 9b here.....	→	\$ <u>2,400</u>
Loans on your first two vehicles		
33b. Copy line 13b here.	→	\$ _____
33c. Copy line 13e here.	→	\$ _____
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
33d. _____	_____	<input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes
33e. _____	_____	<input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes
33f. _____	_____	<input type="checkbox"/> No + \$ _____ <input type="checkbox"/> Yes
33g. Total average monthly payment. Add lines 33a through 33f.		\$ <u>2,400</u>

Copy total here →

\$ 2,400

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25-10450

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
M & T BANK	120 W. SHARNACK ST, PHILA PA 19119	\$ _____	÷ 60 = \$ _____
HAVE NOT RECEIVED AMOUNT THEY HAVE SAID SOON		\$ _____	÷ 60 = \$ _____
		\$ _____	÷ 60 = + \$ _____
Total		\$ _____	Copy total here → \$ _____

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$ _____ ÷ 60 \$ _____

36. Projected monthly Chapter 13 plan payment

\$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X _____

Average monthly administrative expense

\$ _____ Copy total here → \$ _____

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$ _____

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ _____

Copy line 32, All of the additional expense deductions \$ _____

Copy line 37, All of the deductions for debt payment + \$ _____

Total deductions

\$ _____ Copy total here → \$ _____

Debtor 1

COLIN ALFRED BOLLERS
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Case number (if known) 25-10450**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13
 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$ _____

40. Fill in any reasonably necessary income you receive for support for dependent children.
 The monthly average of any child support payments, foster care payments, or disability
 payments for a dependent child, reported in Part I of Form 22C-1, that you received in
 accordance with applicable nonbankruptcy law to the extent reasonably necessary to be
 expended for such child. \$ _____

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your
 employer withheld from wages as contributions for qualified retirement plans, as specified
 in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as
 specified in 11 U.S.C. § 362(b)(19). \$ _____

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here ➔ \$ _____

43. Deduction for special circumstances. If special circumstances justify additional
 expenses and you have no reasonable alternative, describe the special circumstances and
 their expenses. You must give your case trustee a detailed explanation of the special
 circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
43a. _____	\$ _____
43b. _____	\$ _____
43c. _____	+ \$ _____
43d. Total. Add lines 43a through 43c.	<div style="border: 1px solid black; padding: 2px;">\$ _____</div> Copy 43d here ➔ + \$ _____

44. Total adjustments. Add lines 40 through 43d. ➔ \$ _____

Copy total here ➔ - \$ _____

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$ _____

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form
 have changed or are virtually certain to change after the date you filed your bankruptcy petition and during
 the time your case will be open, fill in the information below. For example, if the wages reported increased
 after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why
 the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1

COLIN ALFRED BOLLERS
First Name Middle Name Last Name

Case number (if known)

25-10450**Part 4:****Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x COLIN A BOLLERS

Signature of Debtor 1

x

Signature of Debtor 2

Date 02/16/2025
MM / DD / YYYY

Date _____
MM / DD / YYYY